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PROGRAM CONTENT VALUES WITH  
THE CRIPPLED CHILD

A THESIS  
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## CHAPTER I

### INTRODUCTION

#### Significance of the Study

The public concern which had developed since 1919, aroused by the number of cripples in the United States, and the interest displayed in their welfare were evidences of broader humanitarianism at that time which characterized the modern attitude to all defectives. From 1863, when the hospital for the ruptured and crippled was opened in New York City during the Civil War, until 1914, interest in cripples was confined to limited circles, and their care was largely institutional.<sup>1</sup> This interest became intensified by the sufferings of the crippled victims of the infantile paralysis epidemic in Vermont and New York during the period of 1914 to 1916, when in New York City alone 6,574 surviving children required clinical treatment. After the care given to disabled soldiers during the world war, the conviction became general that these other cripples should be aided and encouraged also.

There are more than 10,000,000 children in the United States who are handicapped. Of this number, according to the 1950 census, over 35,000 are crippled children. Act Number 236 of the Public Acts of 1927 of Michigan, as amended by Act 317 of the Public Acts in 1929, creates the Michigan Crippled Childrens Commission and defined a cripple as, "one whose activity is,

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<sup>1</sup>Encyclopedia Britannica, Vol. VI (Chicago, 1951), p. 724.

or may become, so far restricted by loss, defects, or deformity of bone or muscle as to reduce his or her normal capacity for education and self support.<sup>1</sup>

Literature has emphasized the unfortunate position of the disabled person in primitive and medieval times.<sup>2</sup> It was said that the Spartans destroyed their cripples because they were thought of as being evil spirits. The cripple did not function in the economic organization of the times, and the only alternative was beggary.<sup>3</sup> The crippled person was subjugated to beggary then for the same reason that he is frequently unemployed now. It is evident that western civilization has accepted the principle that care, education, and adjustment of the crippled are socially desirable and that the cripple should not be destroyed but given every possible opportunity for happiness.

The Bill of Rights of the Crippled Child, as outlined in the Charter on the Crippled Child of the White House Conference on Child Care and Protection, stated that the handicapped child has a right to an education so adapted to his handicap that he too could be economically independent; to be brought up and educated by persons who understand the nature of the burden he

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<sup>1</sup>Ibid., p. 725.

<sup>2</sup>The Control of Crippling in Ancient and Modern Times, The National Society for Crippled Children (Elyria, Ohio, 1938), p. 10.

<sup>3</sup>Frederick Watson, Civilization and the Crippled (London, 1930), p. 20.

has to bear and who consider it a privilege to help him bear it; and to a life on which his handicap cast no shadow, but which is full with those things which make it worthwhile, with love, work, play, laughter, and tears - a life in which these things bring increasing growth, release of energies and joy in achievement.<sup>1</sup>

To prepare the crippled child for life's work we must have the enlistment of all available resources and coordination of the efforts of all agencies working in his behalf. Although the movement in the behalf of these children is progressing, the results achieved are as yet far from satisfactory. This is due primarily to lack of comprehensive knowledge and to lack of adequate facilities for diagnosis, treatment, and training.<sup>2</sup>

At the Detroit Orthopaedic Clinic, more than 1,800 children were treated during the past year. For these physically handicapped children with emotional difficulties, the Recreation and Group Therapy Department, referred to as the Club House, was a resource to which the medical social worker could refer the patients. Many of the patients that came to the Club House were children who had a limited and restricted social life. They were not able to take their places in those groups which would normally be open to them. This was not always because of the physical condition, but might have been caused

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<sup>1</sup>The Handicapped Child -- White House Conference on Child Health and Protection, (New York, 1933), pp. 3-4.

<sup>2</sup>Ibid., p. 5.

by some of the emotional difficulties attendant upon the orthopaedic condition. The purpose in organizing the groups was not merely to provide an agreeable social experience for the patients. They were started so that the patients could be provided with the opportunities to learn to adjust in group situations and later take their places in groups with normal people.

The social group work profession realized that many emotionally disturbed children could be helped to make an adequate adjustment while still in medical treatment. In a group situation where there were capable leaders, the child was helped first to relate person to person and gradually to the group-as-a-whole. A capable leader was one who was often able to slip into sub-group activities, providing the children with the opportunities to make friends with non-handicapped persons; as an adult he was often able to give the needed ego support to make participation with peers less threatening. Through participation in cooperative games with the handicapped child a leader was able to make a loss a little less painful to the child, by allowing himself to lose a game or make use of an opportunity to support a weak ego.

As a worker in the Club House, the writer became aware of the significance of Program Content<sup>1</sup> and the inherent values

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<sup>1</sup>The term Program Content was used in this study as - a symbol standing for all factors that bear on a particular group session: activities, conversation, horseplay, weather, agency facilities, social forces outside the group but affecting it and everything else which enters into the content of the group experience.

activities had upon members in the group. Few studies had been made on casework-groupwork services for patients exhibiting a need for social adjustment. The writer, therefore, felt that such a study would be of importance to other social work agencies and to all interested persons directly concerned with programs for the crippled child. This agency emphasized the teamwork aimed at treatment of the whole child which included the orthopaedic surgeons, pediatricians, medical and psychiatric social workers, occupational therapist, speech therapist, physical therapists, and the group therapy department with its professional staff and assistant leaders.

#### Purpose of the Study

The purposes of this study were: 1. To describe those community and agency factors which comprised part of the environment of the crippled child in Detroit; 2. To define and describe Group Therapy in relation to Group Work as utilized at the Detroit Orthopaedic Clinic; 3. To discuss the treatment needs of the seventeen children studied; 4. To analyze the inherent values of program activities; and 5. To evaluate these activities as viewed by the parents and caseworkers.

#### Method of Procedure

Data for the study came from group processed records, from observations of group meetings and recordings of these observations.

The writer selected the two younger club groups which met

simultaneously because they were all Clinic patients and had been referred to the Club House because they had a school or family problem, had no friends and there were no other recreational opportunities for them in their neighborhood.

Schedules were used as a guide for interviewing the parents of the child and also his social worker. Illustrative material from clinic patients case histories was used. In addition to agency material, data came from current literature pertaining to the subject.

#### Scope and Limitations

The study was confined to a selected group active at the Club House during the periods 1948 to 1953. The group was confined to seventeen members of the Wolves and Junior Girls Club whose ages ranged from eight to fifteen years, and who were all patients at the Detroit Orthopaedic Clinic.



## CHAPTER II

### PROGRAM CONTENT

#### The Community

Since program for children depended upon the kind of environment in which they lived, it is important to know something about the community. The community as well as agency factors has direct bearing on the environment of the physically handicapped child.

Detroit, a large metropolitan industrial area with many joining suburbs is the center of the automobile industry which resulted in the need for thousands of workers to carry on the work in these industries. Because of its industrial characteristics, Detroit had many migrants of the labor class both white and Negro coming from southern states. Detroit also has a large foreign population composed of Polish, Finnish, Irish, Jewish, Syrians, Grecians and Italian descendents. The Polish population has been increased by displaced persons.

Because of these distinctive groups mentioned above, there had been through the years a lot of racial tension. Since World War II however, a lot of tension was broken down as Negroes moved into white neighborhoods and secured better jobs.

In the city of Detroit, as in all cities, there were a large number of social agencies both public and private serving the needs of the people.

The Club House was located in the midtown area of Detroit

less than a half block from the main throughfare, Woodward Avenue. For those members who were able to use public transportation, it was accessible in all directions. Wherever feasible, station wagon transportation was provided for members who could not use public transportation and had not other means of attending the program. Every effort was made to encourage independent attendance. The community surrounding the Club House provided these children with many cultural and recreational resources. The industries provided educational resources for trips and vocational future for the crippled child in Detroit. In the area of the Club the public library, art museum, the historical museum, children museum, radio and television station often became an integral part of the Club House program.

The recreation and informal education resources of the city were of significance to program content for the physically handicapped child in Detroit. The children were taken to the many beautiful parks and playgrounds, when the weather permitted, on picnics and swimming trips. The children were entertained by interested persons, and thus a variety of parties were held for them outside the club as well as in the club rooms. Occasionally the children were invited to the children's symphony concerts and plays. These resources helped to provide a normal recreational experience and enrichment of program content for the crippled child in metropolitan Detroit.

### The Agency

The Detroit Orthopaedic Clinic, a medical social work agency, offered services to children, adolescents, and a limited number of young adults with orthopaedic conditions, whose parents were unable to meet the expense of treatment.

The agency originated because a group of interested lay people, the Sigma Gamma Association, recognized that adequate provisions for the care of crippled children did not exist in the community. The Association demonstrated the need for this type of service on a case finding basis in 1920.<sup>1</sup>

The services of the agency included, The Treatment Nursery School, the Sigma Gamma Hospital School and the Recreation and Group Therapy Department. The overall services of the clinic includes orthopaedic and medical examinations, treatment, including surgery, physical therapy and occupational therapy, social service and psychiatric consultation, group therapy and recreation, and speech correction.

The Treatment Nursery School, one of the first out-patient Nursery schools in the country, started in 1942, and provided an adapted nursery program to children with cerebral palsy, together with a treatment program of physical therapy, occupational therapy and speech therapy. The program aspired to

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<sup>1</sup>Elaine Murphy, "History of Detroit Orthopaedic Clinic", (Unpublished Master's Thesis, Institute of Social Work, University of Michigan, Detroit, Michigan, 1945), p. 54.

the emotional, mental, and social development of these nursery school children.

The Sigma Gamma Hospital School built in 1926 and located on the outskirts of Mt. Clemens, Michigan, is another unit of the Detroit Orthopaedic Clinic. A complete school program was carried on there because the convalescent program frequently involved long-time care. Every effort was made to have the patient keep, as nearly as possible, his regular grade in school. The teachers must meet the standards of the Detroit school system. In this way it was possible for the patients to continue their school work even though they were unable to attend regular schools. Intensive physical therapy and occupational therapy programs were carried on at the Hospital School, in addition to speech correction, and recreation. While the patients were at the Hospital School they continued to have the same doctors who took care of them at the Clinic.

The nucleus of the Clinic's services is the orthopaedic and medical clinics' staffed by orthopaedic surgeons and two pediatricians who prescribed necessary treatment for the patients. Physical therapy and speech therapy were provided by trained therapists. Each patient was assigned to a social worker. She helped the patient and his family with problems related to his diagnosis and aided in planning adequate social opportunities for him, particularly when the patient had a limited ability to enter into normal activities or social groups. This lack of social opportunities often presented psychological problems

that affect a patient's ability to carry out his medical program. In these areas the value of the medical social worker had been demonstrated. The agency also utilized a large number of volunteers in some of its programs. Members of the Sigma Gamma Association spent many hours in the clinic as hostesses on clinic days, provided transportation for those members who were unable to use public transportation and had no other means of getting to the club's program, served as friendly visitors at the Hospital School, as assistant leaders in the Recreation and Group Therapy Department, and as volunteers in the Nursery School. The Junior members of Sigma Gamma Association also served as volunteers at the Club House.

The Detroit Orthopaedic Clinic was interested in the total child; it recognized early the need to form club groups so that handicapped children in the community could have as normal a recreational experience as possible.

The Recreation program started from a small group of handicapped children meeting in decentralized areas in 1935 to the present Club House building in 1946. The Club House served a total of 137 members in its eight formed club groups during 1952. The majority of the members were referred to the Club House by the Clinic's social workers when the need for a protected group experience was indicated. Others were referred from the two public schools for crippled children in Detroit, the Oakman and Leland Schools. A limited number of non-clinic patients were accepted from other social agencies, the Detroit

Board of Education and some were brought by members who said, "He needs this place; he should belong."

The Recreation and Group Therapy Department was staffed by an experienced and well qualified director, an assistant director and several graduate students of Social Work who were assigned to this Department for field experience. Assistant leaders in each group were secured through the Wayne University undergraduate departments of Education, Sociology, Special Education and other sources.

The Club House program was based on the assumption that many handicapped children and adults were neither ready nor able to socialize with persons who had no handicap, because of their feelings of inadequacy and inferiority. The staff sought to provide an atmosphere of relaxation and acceptance for its members. Although the atmosphere was a permissive one, there were limited restrictions to prevent personal or property damage to the Club House during Club meetings.

The Club House worked closely with the Social Service Department of the Clinic since the majority of the group members were patients and had been referred by their social workers. The Club House did not seek to do any intensive case work with any individual member, but was in a position to observe the patients behavior as he participated in the group and to know his feelings and needs. This information was discussed with the caseworker from time to time or whenever the need arose.

### Club House Facilities

The groups met in the club rooms of the Recreation and Group Therapy Department which were located less than a half block west of the city's main throughfare, Woodward Avenue. The club rooms consisted of two offices, a kitchen and two large rooms on the second floor of a building separated from the main building of the Clinic. The staircase is equipped with a stair traveler which is electrically operated. The more severely handicapped children used this traveler; the others were encouraged to use the stairs for therapeutic reasons. One of the two large rooms was equipped with crafts and workshop equipment and cupboards, had a large empty floor area and adequate movable furniture; and the other room had a fixed pool table, ping-pong table, a piano, lounge furniture, coke machine, record player and records, radio, microphone, bulletin board, and a magazine table filled with current literature. The Club's library was also situated in this room. A lavatory and powder room recently repaired, adjoined the lounge. There were a number of table games and materials for indoor and outdoor games. In front of the Club House is a modest lawn and a shuffleboard court.

### Club House Groups

The Saturday Wolves and Junior Girls Club were among the major groups served at the Club House. It was the youngest age

group, composed of pre-adolescent and adolescent boys and girls who met on Saturday afternoons from one to three-thirty O'clock. The diagnoses in this group was mostly patients with cerebral palsy, two with polio and a few with miscellaneous handicaps. Some of the children were passive and inactive while others were aggressive and hyperactive. The group was quite heterogeneous, forming a number of sub-groups. There were a number of children with varied needs. Eight to ten assistant leaders were needed in the group, as this was the most severely handicapped group. A ratio of one leader to two children in the group provided maximum opportunity for individual development.

Another severely handicapped group of adolescents were called the "3:30 Club." The members ranged in age from thirteen to seventeen, were very inactive and almost all of their expressions of hostility and aggression were expressed verbally.

The Lions Club composed of nine boys ranging in ages from thirteen to sixteen, were all students in the Leland School for crippled children and were transported in the Clinic's stationwagon from school to club. Some were patients at the Clinic; others were referred by the school.

The Oakman Boys, ages thirteen to sixteen all attended the Oakman School for crippled children and in contrast to the Lions Club were more handicapped but very active and demanded more aggressive activities.

The Supper Club was a coed group of mildly handicapped adolescents who did not require station wagon transportation.



They were a homogeneous group and had been able to elect officers and plan programs.

The Happy Wednesday Teen Club, a group of nine girls ranging in age from thirteen to sixteen, all attended the Leland School for crippled children and were transportated from school to Club and home again. This group had also been able to elect officers.

The Sigma Gamma Alumni Association was the oldest group at the club. Originally, members had been former patients at the Sigma Gamma Hospital School but now the membership referrals come from several sources. This group ranged in age from seventeen to twenty-seven. Many of the members were employed and several married. A large number of the former members of this group had developed enough social maturity and confidence in their abilities, to leave the Club House and had found normal social life in the community.

## CHAPTER III

### GROUP THERAPY AND SOCIAL GROUP WORK

In conjunction with the community and agency factors, the specific use of group therapy is also a part of the program content. Group therapy and its scope has been difficult to define therefore, the writer will try to establish in this chapter the definition of the term group therapy, its relationship to group work and its specific objectives at the Detroit Orthopaedic Clinic.

Social maladjustment is often part of the child's experience who is exceptional or handicapped. Such personality deviations as excessive withdrawal or excessive aggression make group treatment important. This practice of the use of the group treatment is called group therapy.

S. R. Slavson, Director of Group Therapy at the Jewish Board of Guardians, New York City, is one of the well known contributors in the field of group therapy. He defined group therapy as ...

Treatment in which no discussion is initiated by the therapist, interpretation is given only in very rare instances and under specific conditions. Emotional reorientation comes from the fact that the child experiences actual situations, lives and works with other children, comes into direct and meaningful interaction with others, and as a result modifies his feeling tones and habitual responses. We conceive a group as an aggregation of three or more persons in an informal face to face relation where there is direct and dynamic interaction among the individuals comprising it, and as a result the personality of each member is fundamentally modified. Applied to group therapy this definition implies numbers and

age and sex homogeneity.<sup>1</sup>

Slavson further pointed out that Group therapy was employed in a large number of cases either as exclusive treatment or as supplementary to individual treatment. He felt that the need for group treatment for many children arose frequently because the child was inaccessible to individual treatment, or because the family was resistant for one reason or another.

In a number of cases the nature of the problem is such that it requires the supplementation of a group, without which therapy is either at a standstill or impossible. When a regular club is acceptable to the client and serves the ends to the treatment aim, he is referred to such a club. In cases where an attenuated or protected group is needed, a therapy group is indicated. There are a large number of children whose treatment needs are met entirely by the group.<sup>2</sup>

The following purposes for which children with personality disturbances were referred to Group therapy departments by caseworkers are listed:

#### Social Experience

- a) to gain social experience
- b) to gain security in relation to children
- c) to gain security in relation to adults
- d) to develop personal security, status, acceptance, and self confidence

#### Observation

- a) differential diagnosis
- b) testing progress of individual treatment

#### Development of group relations outside of family

#### Utilization of personality traits in constructive fashion

- a) aggressive personality

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<sup>1</sup>Samuel R. Slavson, Introduction to Group Therapy, New York: Commonwealth Fund, pp. 3-4.

<sup>2</sup>Ibid., p. 5.

## b) withdrawn personality

Providing opportunity for self expression

Parents being treated

Tapering off treatment

Supplementary casework treatment

In therapy groups with crippled children conscious efforts were made to meet the patient's needs and help him make a satisfactory adjustment. The four basic needs which Slavson feels that a therapy group attempts to meet are: 1) security, 2) status, 3) interest, and 4) group acceptance. The goals of Group work also attempts to meet the above needs of the child and are therefore no different from a therapy group.

Slavson further clarifies his philosophy by saying ...

In Group therapy, we work with children who are directly rejected by parents, family, school, street gang, and community centers, or by pampering and coddling, as a result of which they are unable to get on with their contemporaries and with adults. These children are actively hostile and destructive, or reject the world by withdrawing from it. They are either excessively aggressive or excessively withdrawn; obsessed with great fears or quiet, they over compensate for them by non-social or anti-social behavior. Having developed these deviant manners and methods for the sake of psychological (and often physical) survival, the child is further victimized by all the organized agencies of the community. Thus he finds himself impeded at every turn by outer stresses and inner strains.

What a child needs in such circumstances is a haven of relief, a sanctuary where these distressing, threatening and hostile pressures can be removed and relief supplied.<sup>1</sup>

Slavson felt that the psychiatrist, psychiatric caseworker

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<sup>1</sup>Ibid., pp. 2-3.

or a special group suited to the need of the child could be such a haven. Activities of some type are continuously present in a therapeutic setting. Such activities as active and inactive games, dramatics, singing, crafts and cooking, vary with the interest and nature of the group. The purpose of these activities in special setting is what makes them different from when they are used with a normal group.

Although the activity is mainly a tool through which the disturbed member can express his feelings --

Psychiatrists and psychoanalysis have brought to us greater understanding of the emotional forces back of play. They point out that play is an invaluable medium for the development of the emotional life; a way of solving the emotional problems resulting from the experiences which the child is undergoing. The use of play in individual or group therapy, particularly with people who are unable to verbalize their problems, has given new insight into the values of play for emotional development. Often both children and adults express through actions the feelings that they cannot, or perhaps dare not, put into words. The play or hobby activities provide outlets in socially acceptable ways.<sup>1</sup>

Group therapy with children and adolescents was first evolved in social service agencies. It has since been adopted by other agencies and institutions and is, in its various forms, now being applied to children and adults either in conjunction with individual treatment or as a sole treatment tool. When personality disturbances in children become so severe, the psychiatrist and therapist attempts to re-establish the

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<sup>1</sup>Gertrude Wilson and Gladys Ryland, Social Group Work Practice, (Houghton Mifflin Company, 1949), p. 198.

individual in a satisfactory adjustment in a therapy group. An abstract from a group record revealed the following:

Jill was pleased and happy to be back at club again after spending several months at Hospital School. She remarked several times during the afternoon, that the weeks passed so slowly, and then the time here at club passes so fast! When the group was leaving, Jill asked W, "Will you play with me next week?"

What is perhaps of even greater value is that the child establishes contact with others as he works. Another group record reveals some interest in the group.

Ted worked on his paper car until it was time to clean up but he seemed to lose interest somewhat after a while. When a new idea was brought up by Pete they got together and decided to write a puppet show and do some of the work themselves. During the afternoon they began to write the story with two leaders assisting them. Some of the questions with which they were concerned in writing the show were, "Who will be the audience? How much shall we charge? Where can we give it?" The leaders mentioned that Pete seems to be the leader when he is with Ted, and also seems very considerate of everyone with whom he is working.

Basically the environment and relationships in a therapy group are free and permissive. We create for the children a permissive environment. This we do in order to counteract the inhibitive and restraining pressure in the child's past experiences. We also remove from the more neurotic children the overpowering fear of their impulses. In some instances the pressures of the infantile super-ego must first be relaxed before that child can muster courage to discharge his suppressed antagonism and hostilities. Slavson pointed out that many children are not ready to live up to the inner controls set up in them by adults; others remain so infantile that they have not developed adequate inhibitions. He seemed to feel that in both instances

guilt concerning themselves and their acts only created further anxiety, an anxiety that is resolved by deviant behavior.

A permissive environment in effect removes the anxiety producing super-ego and releases the child to act out his infantile impulses. It is as though we say to him, "Despite your age and size you are an infant and you may act as you really are" ...

At the same time we surround him with an environment that is conducive to growth.<sup>1</sup>

Many authors do not agree with Slavson's views on absolute permissiveness and suggest that children should be limited to the extent that they do not tear down the building, so to speak, or upset tables just because they are in a therapy group. A permissive environment was created for the groups at the Club House but not to the same degree as viewed by Slavson. The American Association of Group Workers, it was learned, also had a point of view concerning group therapy which will be treated in the next section.

#### The Relationship of Group Therapy and Social Group Work

Since group therapy has come to play an important part in the social group work field some attempts will be made to clarify the similarities and differences between group work and group therapy. Social group work is defined by Wilson and Ryland as:

A process and a method through which group life is affected by a worker who consciously directs the interaction process toward the accomplishments of goals which in our country are conceived in a democratic frame of

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<sup>1</sup>Samuel R. Slavson, op. cit., p. 62.

reference.<sup>1</sup>

The group work method is used by specialists in many professions. However, not everyone recognizes group work as a basic process held in common. The social group work method is discussed here in terms of its basic principles; these principles may be applied by any auspice whose function it is to use the group as its unit of service. Wilson and Ryland states that the setting and the specific purposes of agencies may affect the application of the method, but the basic principles are not necessarily changed.

These specializations are variously designated as group therapy, recreational therapy, group psychotherapy, activity therapy, usually originated by a successful practitioner or group of practitioners. Each specialization claims the group, which the worker serves in different roles. These roles are determined by the needs of the members, the purpose of the agency, and the skill of the worker, drawn from his knowledge and understanding of the dynamics of group life. The psychiatrist, for example, equipped to deal with unconscious feelings and motivations, uses the group work method as a tool in psychotherapy through which the members gain personal and social adjustment. The social group worker, on the other hand, equipped with specialized knowledge of inter-personal relationship, helps sick people to develop groups in which they use reality of the social situations they create as means of recovering social health.<sup>2</sup>

Group work dealing with emotionally disturbed children dates back to 1938, when a series of papers presented at the National Conference of Social Work described the work done by social group workers in psychiatric or other hospital settings

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<sup>1</sup>Gertrude Wilson and Gladys Ryland, op., cit., p. 61.

<sup>2</sup>Op. cit., p. 62.



either with children or with adults.

In 1951, the American Association of Group Workers developed the following idea relative to further clarification of the term and clarification of the role of the group worker in a psychiatric setting.

We define psychiatric group work or therapeutic group work as 'the use of the social group work method in working with groups of patients in a psychiatric setting.' It was underlined that in such a setting the group worker is part of the psychiatric team and the responsibility is a medical-psychiatric one under guidance of the psychiatrist.<sup>1</sup>

The similarities and differences between general group work and psychiatric group work was further clarified in terms of 1) knowledge needed, 2) goals, 3) diagnosis, 4) role of the worker, 5) impact of social values on the role of the worker, 6) type of group, 7) grouping, and 8) duration of groups. Basic to both are understanding and skill in working with individuals in groups. The goals of both are the same - the adjustment of the individual to the group and the group as a whole to society. General group work has a focus on individual growth through group growth and psychiatric group work has a focus on helping the individual move toward health and emotional development.

Both settings are concerned with recognition of weakness and strength in the individual. The group worker in the

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<sup>1</sup>Gisela Konopka, "Similarities and Differences Between Group Work and Group Therapy, " (A paper presented at the National Conference of Social Work, 1951, Atlantic City, New Jersey; printed Separately by American Association of Group Workers), p. 2.

general setting moves from a central role as soon as possible, enabling the group to determine its own goals and leadership, whereas the psychiatric group worker is the central figure in the group, and may always remain in this role.

Both workers deal with social values, the group worker in a general setting works with formed or natural groups, the psychiatric group worker, with formed groups. In general group work the agency determines groupings in relation to social goals and individual preferences. In psychiatric group work the agency determines and controls groupings on the basis of individual therapy needs only.

In general group work the group worker may work with a group over a long span of time helping the individuals and the group move according to their changing age group. Whereas in psychiatric group work the time limit is set in relation to the therapeutic goal determined by the psychiatrist and the rest of the team.<sup>1</sup>

Group therapy has been avoided by group work, but recent thinking is that group therapy simply means working toward improvement or cure of a patient's recognized sickness (not necessarily fully diagnosed) by using the group medium.

The function of these two professions, general and psychiatric or therapeutic group work, and probably those of other professions who deal with sick people overlap because of the

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<sup>1</sup>Ibid., p. 57.

differences in training that each profession receives. These differences have been pointed out as follows:

1. The psychiatrist often worked with individuals in the group without conscious use of the group relations. The group worker's contribution lies in the use of relationships and his knowledge of group process.
2. The group worker has knowledge of the values of skills and with activities to be used by the individuals or group-as-a-whole at a given moment.
3. The group worker because of his constant work with groups - has special awareness and tolerance toward group tensions, expressions of hostility or love in the group.
4. The psychiatrist's special contribution is his skill in diagnosis of the child.<sup>1</sup>

In summarizing then, the committee felt that there was no difference between the group worker in the general setting and the group worker in the psychiatric setting in terms of understanding dynamics of individuals or groups. Both are called upon to deal with complicated human relationships and therefore must have the same knowledge.

Social work has come a long way. Social group work is young and its method has a long road to travel for general recognition in the field of therapy. However its work like the Recreation and Group Therapy Department at the Detroit Orthopaedic Clinic tends to lend validity to the use of the group work method in medical psychiatric settings.

Group Therapy at Detroit Orthopaedic Clinic  
The Recreation and Group Therapy Department at the

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<sup>1</sup>Ibid., p. 62.

orthopaedic Clinic was a pioneer project, one of the first recreational programs for the physically handicapped, which included group therapy. This program, initiated in 1935, was one with leadership and has functioned since September, 1944.

It is recognized that the problems encountered in growing up are intensified for the severely handicapped child. Unable to participate in the activities of the neighborhood youngsters, he is denied the opportunity for normal social development through the "give and take" of group life. Too often such a child makes less and less attempt to form relationships outside of his immediate family. He needs help in overcoming his feelings of insecurity, which add an emotional handicap to his physical one.<sup>1</sup>

To meet the needs of such handicapped children and young adults, the Recreation and Group Therapy Department offers a specially designed program by means of the following purposes:

1. To provide the opportunity to "belong" to a social group. The fact that it is composed of other handicapped children or young adults helps the new members to feel understood and accepted.
2. To encourage active participation in group activities which are geared to the abilities of the members. This assures children positive experiences rather than the threat of failure in competition with non-handicapped individuals.
3. To attempt to capitalize on the child's own wishes and ideas, provides an outlet for self expression and encourages initiation and creativeness.
4. To offer them opportunities for responsibility and service to the community.
5. Finally, to serve as a stepping stone which leads to normal social life in the community.<sup>2</sup>

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<sup>1</sup>"Detroit Orthopaedic Clinic", (Mimeographed), p. 1.

<sup>2</sup>Ibid., p. 1.

The Detroit Orthopaedic Clinic and the Recreation and Group Therapy Department, recognizing the personality deprivation of many of their patients, took a therapeutic approach in defining the above purposes. Under the present directorship, effort had been made to meet the needs of the patients and to re-establish the individuals through satisfactory experiences in groups formed for such a purpose.

## CHAPTER IV

### THE GROUP AND MEMBERS

The use of the group medium in helping people adjust to physical and emotional illnesses plays an important role in therapy groups. Factors usually considered in accepting a member in a group work agency are: age, sex, maturity level and the stated interest of the prospective member; the needs may be discovered later.

In a therapeutic setting grouping of members is a part of the therapy; therefore, each child's behavior pattern is an important element in the experience and it is through the careful selection of children that a group is established where each child has therapeutic influence upon the others.

The needs represented by this group studied were characterized under pre-adolescent and adolescent. No socialization can be expected until the child has received sufficient gratification in a parental relationship. As the child gains the needed security he will often seek broader contacts. During the pre-adolescent period children may have difficulty in forming social relationships. He may withdraw from the group, attempting to maintain himself as a person in his own sense of security by avoiding the hazards of group participation, or he may remain in the group, asserting his right to protect himself as a person against the demands of the group.<sup>1</sup> It is important to

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<sup>1</sup>Irene M. Josselyn, M. D., Psychosocial Development of Children, (New York, 1948), p. 84.

remember that the latency or pre-adolescent period covers several years, during which time the child is gradually finding his place in a social world.

The most obvious manifestations of adolescences fall into two general categories. Josselyn lists them as - the reawakening of sexual interest, now conscious, verbalized, and acted-out in accordance with the mores of the peer group, and second, there is increased pressure from within to be freed of infantile dependency and to achieve adult status.<sup>1</sup>

#### The Group

In social group work, this was not the type of group that one thinks of ordinarily. Until recently, the focus of the social group work method was primarily upon the groups composed of so-called "normal" individuals, and with secondary focus upon the use of the method in serving persons who were physically and emotionally ill.

The Wolves and Junior Girls were chronologically a group of pre-adolescent and adolescent boys and girls. However, many did not have the emotional maturity suitable to their age. The writer felt that there were some whose behavior indicated that they were approaching adolescence emotionally. They were subject to developmental needs associated with the normal adolescent at the age of thirteen or beyond. The normal adolescent at this age is being accepted by society as a maturing adult. He is

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<sup>1</sup>Ibid., pp. 94-95.

given permission to modify the character of his social life, a modification that removes him from child society to one having many of the characteristics of the adult world. He is expected now to solve some of his own problems, or to seek help upon his own initiative.

The handicapped child, pre-adolescent and adolescent, during his stages of development, on the other hand, is just the contrast. He is not always accepted by society as a maturing pre-adult and because of his illness or injury, is not able to handle all the demands of his peer group.

This group of pre-adolescent and adolescent boys and girls studied by the writer was an outgrowth of a social club that had been formed at the Club House for a group of young handicapped boys - the Wolves. As the group began to expand and admit new members, girls included, one of the boys in the group suggested to the leader that they call their club a "Mixed Club" because they had both boys and girls attending. The club met on Saturday afternoon from one to three-thirty. The members later changed the name to Saturday Wolves and Junior Girls Club.

The group members ranged in age from eight to fifteen years, with more boys than girls in attendance. For a breakdown of the age and sex of the members, see Table 1.

The group was composed of seventeen children, to provide maximum opportunity for individual development. To this end, assistant leaders were attached to small sub-groups within the



TABLE 1

AGE AND SEX OF THE SATURDAY WOLVES AND  
JUNIOR GIRLS - 1952-1953

Sex	Total	8-10 yrs	11-13 yrs	14-16 yrs
Total	17	4	10	3
Male	10	4	5	1
Female	7		5	2

larger unit. The objective was to provide companionship, give reassurance to these anxious children and to stimulate their participation in group games.

This heterogeneous membership represented a cross section of racial, cultural, denominational and community lines. The members were found to be living over a broad area of Detroit and there were those who were in special schools, in ungraded classes and those who had dropped out of school for one reason or another.

In this group there were a variety of personalities. Some of the children were passive and inactive, while others were aggressive and hyper-active. The membership was mostly cerebral palsy patients, because cerebral palsy was dominant over the other handicaps at the Clinic. Poliomyelitis and other miscellaneous handicaps characterized the balance of this group. Table 2 shows the Medical Diagnosis of the seventeen children by sex.

All but two of the children were dependent upon some form

TABLE 2

MEDICAL DIAGNOSIS FOR THE SATURDAY WOLVES AND  
JUNIOR GIRLS BY SEX

Medical Diagnosis	Total	Male	Female
Total	17	10	7
Cerebral Palsy	11	5	6
Poliomyelitis	2	1	1
Other	4	4	

of support either from a crutch, a walker, braces, wheel chair or artificial limb. Because this group suggested dependency, there was a need for eight to ten assistant leaders to serve as a person in helping the child assimilate himself in the group. The assistant leader represented a non-handicapped adult with whom the members in the group soon identified and eventually learned that acceptance could be found in adults.

Membership in the group was determined by age, type of handicap, personality makeup and residence in the city. Transportation in the two Clinic station wagons was provided for all but three of the members in the group. One child of the three was able to use public transportation while the other two were given transportation by the Denby Kiwanis Club.

The group had no officers because they had not been able to develop into a cohesive group. However, they all ate together in the crafts room around a long table. This was arranged to give the members an opportunity to discuss any

"business" or make plans, depending on what had to be planned or what concerned the group. Often the content would come up during activity and would be diverted for more leisurely discussion over kool-aid, sandwiches, pop, cookies, candy, toasted marshmallows, roasted weiners, or other simple "snacks" which the group usually had a share in preparing.

The chief purpose of the group members had been to enjoy various forms of recreation in a permissive, flexible atmosphere with the real interest and support of understanding leaders; to associate in an informal setting with young people they met in school or in the clinic; to develop skill in various games and activities which were often closed to them in their neighborhood, and very often to get away from home.

Occasionally the members were able to bring one guest per month, thus gaining status or confidence as he or she proudly "showed off" the Club House and the activities they had mastered.

This group was a heterogeneous one in which a number of sub-groups were formed. A true example of a real sub-group existed between Ted and Pete. Ted had been the passive member of the larger group, thrown into it only in inclusive activities such as trips, story-telling, group singing, and the regular refreshment period. Pete had been a favorite of more of the others in the group, received particular attention from a student leader and was more interested in relating to the others even though he was unable to participate with them. For the most

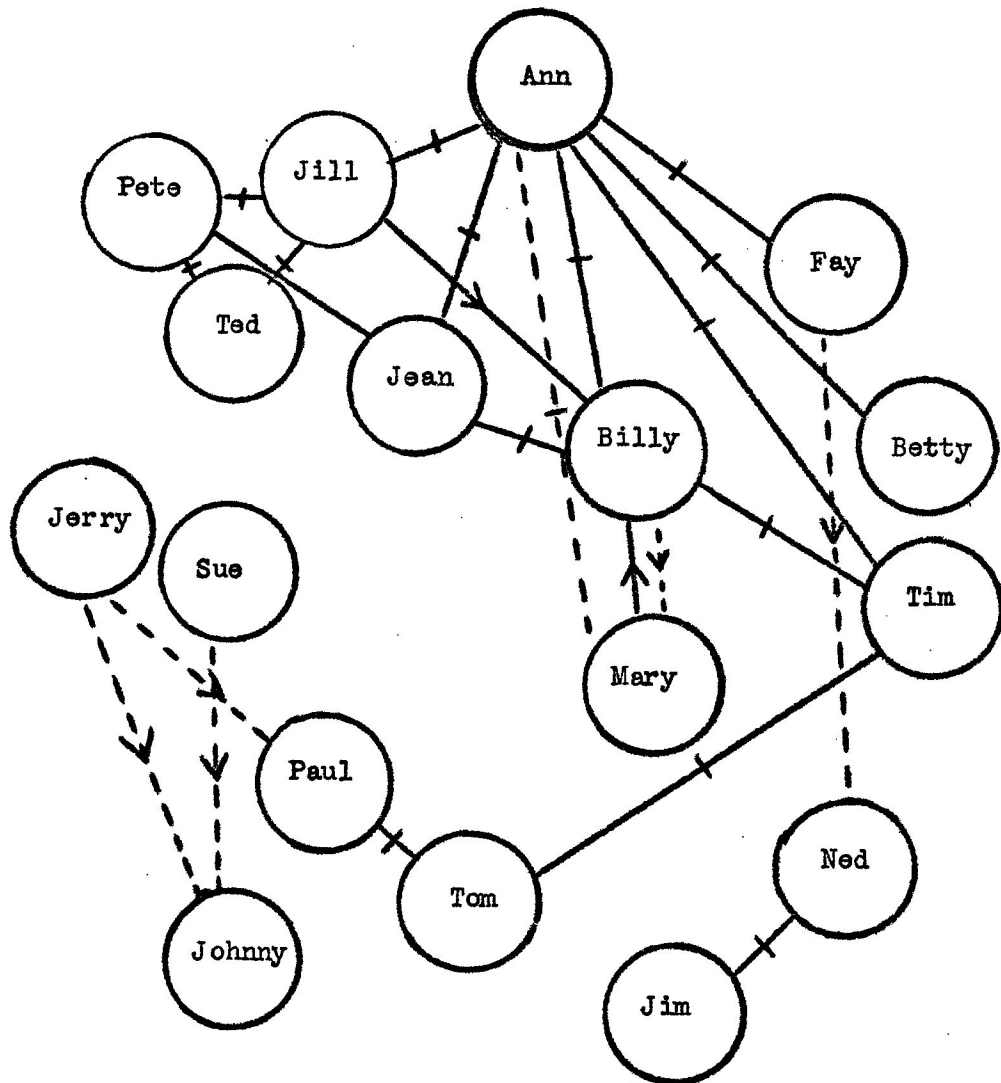
part both remained together during the afternoons within the same general area of quiet activity or in participating with a leader. Both boys came together and left together, and Pete visited Ted's home frequently to share other experiences. Jill was also a member of this sub-group but vacillated more toward the others in the group because she was able to move about with the aid of her crutches. Other interpersonal relationships can be seen in sociogram 1. Ann, Fay, Jill, Betty, Tim, Billy, and Jean were in the inner circle and were all mutually friendly and accepting. Mary held a somewhat middle position in that she was competing with Ann for Billy's attention. Fay's choice of Ned was met with rejection. Billy also rejects Mary and so does Ann. The rejection between the two being mutual. Johnny was the object of a good bit of rejection from Sue and Jerry who always chose to play alone. Jerry also rejected Paul because of his roughness in playing. Jim and Ned for the most part play together. There was a mutual acceptance between Paul and Tom and they also played together. However, Tom was friendly toward Tim and they both played a lot of pool together.

#### Members in the Group

We cannot help people to adjust to their physical and emotional illnesses in a group unless we understand the individual and his social development.

The physical defect of the crippled child in a therapy group is not the only factor that affects his personality.

## Sociogram 1



## Key

- +— Reciprocated choice
- >— Unreciprocated choice
- - + - - Reciprocated rejection
- - > - - Unreciprocated rejection

Allen and Pearson found that ....

Personalities of some children with physical defects are not affected by their trouble; those who reacted with feelings of inferiority, shame, inability to face difficult situations, a desire to be in the center of attention, and actual or fancied overcompensation had causes for these reactions other than the physical defect alone.<sup>1</sup>

The crippled child was disabled primarily as a result of organic disease and injury, but secondarily, in a degree varying with each individual situation, by such social forces as lack of family life, inadequate physical protection and social contact and insufficient recreation.

In a recent article written by a medical team composed of a psychiatrist, a psychiatric social worker and a psychologist the term "premorbid personality" was described as ...

The sum total of the individual and his life experiences. It includes the patient's intellectual functioning, state of physical health, conscious or unconscious image of himself, flexibility or rigidity of character traits, level of emotional maturity, former achievements, manner in relating to others, defense mechanism, economic situations and acceptance from society and the family.<sup>2</sup>

Physically disabled children as well as other children cannot be understood adequately without the knowledge of the attitudes of the people about them. As one author has said, "Every child is the product of an extension of his parents, a

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<sup>1</sup>F. H. Allen and G. H. S. Pearson, The Emotional Problems of the Physically Handicapped Child, quoted in Leo Kanner, Child Psychiatry (Springfield, Ill. /1950/), p. 52.

<sup>2</sup>Ann Powers, et.al., "Mother-Child Relationships in Rehabilitation of the Physically Handicapped," Journal of Social Casework (June, 1951), p. 261.

reflection of what his home situation is, in like manner the physically disabled child reflects the meaning of his disability to his parents.<sup>1</sup>

This section will be devoted primarily to the individual case histories of the seventeen children with focus on their physical, psychological, and social needs.

Members Case Histories and Referrals<sup>2</sup>-- A brief physical description, social history and referral will be presented of the seventeen children in the following cases.

#### Case 1

Jerry, Italian, age nine was stricken with poliomyelitis at the age of seven and had been a member of the Wolves Club since coming from the Hospital School a year and a half ago. He was left with severe residual paralysis in the lower extremities and must use long leg braces and crutches.

Beside the Club House, Jerry's only outside contact was the school. He did not play with other children in his neighborhood, and aside from taking an occasional short walk, Jerry did nothing but watch television. He was a bright intelligent, precocious, and quite aggressive boy who seemed to get along well with adults.

The relationship with the mother was sometimes "hectic" as she felt he had changed since his illness, being more "demanding and aggressive". The mother was concerned about how to understand the child's behavior.

The father had extreme difficulties adjusting to his son's sudden handicap and had a tendency to be overprotective.

Jerry was referred by the caseworker because of the apparent need for an outlet for his aggressive behavior, association with other children, to give

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<sup>1</sup>Ibid., 262.

<sup>2</sup>The diagnostic statements following each case were based on the limited referral information on the individual child.

him some idea of what he could do, and what his limitations were. His only attachment with whom he wished to play alone, was an older girl Sue who had a similar diagnosis. Both children were bright, very aggressive and played well together at the Club. The two were transported to the Club House by the Kiwanis Club and consequently missed out on the close interplay of personalities that went on in the Cline station wagon.

Jerry's aggressive behavior was a manifestation of his desire to carry out his own plans of action. Because he was restricted by his disability, he needed an outlet for his impulse to run and jump like the normal child in this stage of development. Jerry overcompensated for his limitations in attempting the more physical activities at Club. During pre-adolescence, the child has learned to extend himself to others and to accept rules and regulations in group games. The following excerpt indicates Jerry's relationship with Sue.

#### Case 2

Sue, age eleven, was stricken with poliomyelitis in 1949 with residuals in trunk, hips and both extremities. She was a bright child, attractive and the middle child in a family of five girls. In order for her to walk even a short distance, she would have to have had several strap arrangements in addition to a celluloid jacket, two long leg braces and crutches. Sue was a very active little girl and was always determined to be independent. Her chief interest while she was at Hospital School was in "cowboys and horses". The mother reported that Sue had always been an active youngster at home before she was stricken with polio and was the only one in the family who was such a "tomboy" and never wanted to be dressed in girls clothing. She was the leader in her own family group and got along well with her parents and sisters.

Sue was referred to Club because she had heard a lot about the club program while at Hospital School and was anxious to join. At club, Sue was active with her friend Jerry or she could be alone and satisfied. She and Jerry spent a lot of time alone together wrestling, bowling or playing "house" under the ping-pong table.



Jerry found a close friend in Sue who had similar interest and a similar handicap. Although there was a difference in their ages, they were drawn together because of these similarities. Sue was stimulating to Jerry because she played and dressed as a boy. For girls to play what used to be called "boys games" encouraged good feeling and understanding between the two sexes. The fact that both of these children had been normal before their attack of polio made it extra hard for them to adjust to the loss and use of their lower limbs. Their egos were supported through being helped to recognize the reality of their situation and to accept their limitations.

### Case 3

Another boy Tim, age twelve was run over by a train at the age of seven, and both legs were amputated; the left, three inches below the knee, the right, two inches below the hip. He wore prosthesis that had to be changed with his continual growth.

Tim is the second youngest in a family of five. The parents were divorced and at the time of his accident, the family lived in a substandard home almost completely surrounded by railroad tracks. Tim spent many months in one of the city's hospitals before being transferred to Hospital School. There was much publicity in the papers about him at that time and enough money was collected from interested people for a down payment on their present home.

Tim's amputation was very upsetting to his brothers and sisters and it was a long time before they even wanted to see Tim or care for him when he wasn't wearing his artificial legs. The neighbors had told the mother on several occasions that she should keep Tim in the house while his legs were being repaired as they did not like to see him either. Tim was a very active boy who appeared not to be too handicapped.

Tim was referred by the caseworker because of his tendency to beg on the street corners while his mother was away at work. Because of his activities it was hard for the mother to keep track of him and since

Tim loved the club, the mother was glad to have him under supervision.

At Club, Tim had no special friends and shyed away from contacts with other boys and stayed close to the adults in the group. However, it was noticed that Tim had begun to reach out to another older boy in the club and worked well with him.

Tim was unloved by his parents and it was difficult for him to make or to develop strong friendships in the group. He had a weak ego because of his total rejection and was in great need for adult love as was indicated by his staying close to the adults at the Club House. His begging on the street may have indicated that Tim needed love and acceptance. In a leader, Tim found a suitable substitute for the father figure who was out of the home and was able to identify with this father substitute in establishing his own masculine interests - woodwork and pool.

#### Case 4

Jill was a rather plump but pretty girl of thirteen with a happy, cheerful outgoing manner. Her diagnosis was cerebral birth palsy, hydrocephalia, spastic paraplegia and she wore braces with a pelvic band. With crutches, she was able to walk fairly satisfactorily and walking was encouraged.

Jill had been known to the Clinic since 1943 as she was a patient at Hospital School and had attended Clinic Nursery School. She was found to get along adequately with other children and to compete satisfactorily except in physical competition. The relationship between the parents and Jill was good as she was an only child and apparently well loved.

This patient was referred to club because her caseworker felt a club experience would be valuable to her. She spoke enthusiastically of her club experiences and evidently she enjoyed them. At the club, Jill had become a member of a little sub-group with two of her close friends, Pete and Ted who are both severely handicapped. This threesome usually spent a great deal of time together just chatting with their favorite leader.

Jill, an only child and well loved, had been able to work out a satisfactory relationship with her parents and was free to establish reciprocal relations with other adults and with companions of her own age. Although she lacked siblings for playmates Jill showed no selfishness in the group

#### Case 5

Ted, age fifteen, was a rather heavy, extremely slow moving boy who seemed comfortable in his state of inactivity which extended into all areas of his existence. He also wore braces and got about on crutches in a slow and cumbersome fashion. Ted spent most of his time sitting and seemed to lack the drive necessary to enable him to be more active. Ted had been coming regularly to the Club House since its beginning (Wolves club) as it was his only social contact.

Ted was the younger of two children, having a sister five years older. Little was even known of the family situation and although the mother seemed interested in the boy, it was felt that her interest was not genuine.

Ted was referred because he needed a recreational outlet, to associate with children his own age and because he needed encouragement to learn to walk from members outside the family group. Ted had been a regular member of the Club since 1947 and had formed a close attachment to two members, Jill and Pete who had been active for a long time also. He still spends a lot of his time sitting, but usually brings a card trick or some novelty to entertain the group.

Tim was a severely handicapped boy who needed help in finding compensating activities so that he could win a position of self respect in the group. Ted was a very dull child but had begun to move toward heterosexuality in the group. He was rejected by the mother and seemed to have felt unloved. At club Ted had a satisfying experience with his tricks as they gave him the opportunity to gain status in the group.

## Case 6

Ann, age thirteen, had a diagnosis of pyramidal spastic paraplegia with tension element and fixed deformity of the knees, hips and ankles. She spent most of her time in a wheel chair, had normal use of her hands and was able to pull herself in and out of her wheel chair to attend her own bathroom needs.

According to the mother, Ann had been in a number of large hospitals in Denver, Atlantic City and Boston before coming to Detroit as she was in "show business" and had to take her around with her. Ann had also been placed in a number of boarding homes. The mother came to Detroit and married a Mexican man a year and a half later. The stepfather supplied Ann with the things she wanted most and that was to live at home with her mother and to have a baby sister.

Before Club, Ann had joined a Girl Scout Troop in her neighborhood through a friend of the family but the competition there was too great for her. Her education up until she came to Detroit was nil. She was placed on home teaching but later transferred to the Oakman school for handicapped children.

Ann was referred to the therapy program because she was not in school at the time and her opportunity for any social life was only what she received at home with adults. Ann was well liked by all the members at the club and had formed a close attachment to Bill, a boy her own age who appeared not to be too handicapped. Ann helped in the kitchen with the baking and was proud that she could bake cookies and her mother could not.

When a child has been separated from a parent or has been frequently moved from one place to another, it is impossible to establish parental affectional ties. Ann had has to struggle with the process of growing up alone and one would wonder how she had been able to form satisfactory relationships and become so well adjusted in the group. When a crippled adolescent, like other adolescents, enters the adolescent period, his heterosexual desires and interest take place. Ann had formed a close relationship with Billy and had become aware of her physical appearance. She was friendly with all the

children in the group and acted in a "motherly role" toward Fay.

#### Case 7

Jim, Catholic, age ten of Syrian-American parentage had a diagnosis of pseudohypertrophic muscular dystrophy. His chief difficulty was in running and getting up from the floor.

Before Club, Jim had no previous group experiences. The father, a thin rather pathetic looking man, was the dominating factor in the household, bringing to the family life many old-world ideas in rearing his children and was exceedingly proud of having four sons. He had a deep concern about his boys (Jim had a brother with the same diagnosis).

The mother, in contrast to the father, was a tall large boned woman carrying considerable weight and with some psychotic tendencies. The family were in a low economic group, having quite a struggle to keep the children housed and clothed. Jim was rather aggressive, difficult to manage and precocious in his relations to the doctor.

Jim was referred to the Club House because he was bewildered and resistant to the progression of his condition. His caseworker felt that because of economical conditions Jim seldom had the opportunity to take part in any social activities and felt that the club program would make it easier for Jim as his condition progressed if he did not have to face the competition entirely with normal children.

At the Club House, Jim was very aggressive and had a short interest span. He ran about the club rooms getting into trouble with the other children by heckling, pulling hair and interrupting conversations. Jim had formed no close attachment with any one member, he vacillated among them all. He was particularly fond of the assistant director.

Jim's position as youngest child in a family of four boys may have been difficult because of the dominating father and "bickering" from the older brothers. His aggressive behavior at Club indicated that he needed love and acceptance and an outlet for his release of energy. The reason for Jim's behavior in Club may stem from his experiences with the father

and brothers at home.

A similiar case was that of Ned who at the early stage of pre-adolescence was trying to find his place in the group. Little was known of this patient's early childhood. The writer learned from an interview that quite a bit of pressure was put on the child because he presented a behavior problem in school.

The aggressive behavior displayed by Ned at Club may have been a reaction to his mother's controlling pressure, which had a strong element of hostility in it. His behavior pattern may have been one of provocation and retaliation against the mother.

#### Case 8

Ned, age eight, had a diagnosis of degenerative cord lesion and enuresis. Little was known of this patient because his referral had not been made available to the Therapy Department. In the club group Ned was very aggressive, alert and presented a behavior problem. He was referred to the therapy group on this account. Ned and Jim spent the greater portion of their time chasing each other around the club rooms, pulling and hitting out at each other. Usually at refreshment time, they were both ravenous.

#### Case 9

Tom, Catholic, age ten, was a small, attractive child with a free but rather distant attitude. He displayed shyness when attempts were made to engage him in conversation. His diagnosis was cerebral birth palsy, pyramidal type, diplegia and genetic epilepsy. Regarding the latter, the seizures had been completely controlled by Dilatin. Tom wore twisters and short leg braces. His hand function was good and no unusual limitations were placed on his activities. Tom had surgery to correct a left convergent strabismus and he continued to wear glasses.

Tom had no previous group experience although his mother expressed the desire to enroll him in a



community center near the home. Tom had three sisters, one older and two younger. The parents were divorced and the children were living with the mother who was having difficulty making ends meet since the husband did not send the alimony checks regularly.

Tom was referred to the Therapy group because it was felt that the Club would give him more normal contacts with adult males, and other experiences which would contribute to a well rounded personality.

At the Club House Tom soon found a fast friend in Paul whom he had known casually at school. These two boys spent most of their time playing together at pool, ping-pong, and such outdoor activities as baseball and kickball.

Timidity may persist well into the latency period - indicating that the child is still uncertain about the new individuals he is called upon to meet. The child must first be convinced that other adults are as reliable as his parents or are not like his parents before his shyness leaves him. Tom was the only boy in a family of three girls and the mother. The father was out of the home and Tom needed a father figure with whom he could identify. The Club House not only gave Tom a substitute father figure but the opportunity to play with other males his own age.

#### Case 10

Mary, age fourteen had a diagnosis of cerebral birth palsy, athetoid. She wore braces and used a walker. The patient was the oldest child of three children, one being five years old, the other one year. The mother had been married and the family was receiving Aid to Dependent Children. Mary lived with her maternal grandmother until her death and the mother said that the grandmother "spoiled Mary and waited on her hand and foot". Since the mother had had Mary, she had learned to do many things for herself and the maternal grandfather accused the mother of being very cruel to the child.

Mary was not able to walk without her walker and kept it next to her bed and held her hand on it for fear the mother would take it away from her. The

mother reported that at one time when Mary lived with the grandmother, the grandmother had an accident in the bathroom and Mary walked from her bedroom to the bathroom and back again to call for help but had never been able to do that again.

Before coming to the Club House, Mary had had no previous group experiences and was referred because it was felt that she would profit from group activity away from her own home.

At the Club, Mary had no close friends. She spent most of her time with one of the leaders talking about her problems and playing the table game "Sorry".

Mary was retarded mentally which hindered her social development. However, she was interested in the opposite sex. Her confinement to the walker deprived her of many experiences for building ego strengths and she depended a great deal upon her walker as if it were the one thing that gave her reassurance. Mary was very vocal but gained little recognition in the group. She was particularly interested in Billy and would yell back and forth to him in an attempt to attract attention.

#### Case 11

Pete, age thirteen, cerebral birth palsy, athetoid quadriplegia, was small for his age and had blond curly hair. He would have been quite attractive were it not that he sometimes grimaced when he tried to do things, was slightly cross-eyed and had poor teeth. He wore braces with a pelvic band and had a fairly good walking pattern when supported.

Pete had a variety of group experiences before Club as he spent most of his early childhood in the Treatment Nursery School and also in Hospital School where he engaged in group activities and participated to the extent of his ability.

Pete is the second child of two children, an older sister born normal. There was a good relationship between the family and Pete and he seemed happy all of the time.

He was referred to the Club because the experience was valuable to him and because his contacts were few after being dismissed from Hospital School.

At the Club House, Pete spent most of his time



with his favorite leader and his two friends Ted and Jill. Because he was too handicapped for many activities, he enjoyed planning plays for the group to act out.

Pete, a severely handicapped boy of thirteen, was mentally alert and satisfied his needs through organizing and producing plays for the children at Club to act out. His adequate relationship at home helped him to further his social contacts and gain status within the group.

#### Case 12

Jean, age eleven, cerebral birth palsy with athetosis, was a patient at the Treatment Nursery School before attending the Oakman school for Crippled Children. She was a small child who had learned just a short time ago to walk independently. Jean had a hearing defect and it was the opinion of the doctors that her lack of understandable speech was due to that. Jean wore a hearing aid at times. She was the youngest child in a family of three girls. The oldest was thirteen. Both parents were employed but had a hard time making ends meet. The relationship toward Jean was good and the parents were cooperative in carrying out the Clinic's program.

Since there were no other facilities for Jean in her neighborhood, the mother asked the caseworker if Jean could join at the Club House so that she could learn to play with other children her own age. At the Club, Jean went around testing all the activities, usually on the hand of a leader, pointing for the activity she wanted. Jean would not speak if she could get around doing so but would use gestures, point or nod. The leaders knew this and every effort was used to encourage Jean to speak. She was friendly but had no close attachment to any particular child.

Jean was a very small child for her age. Because of her severe hearing loss she was not able to form satisfying social relationships in the group. Jean was friendly with the other children but usually played alone or with a leader. She would not express herself verbally but instead, pointed or nodded

her head. Jean had satisfactory relationships in the home but needed more encouragement from the children or leaders at the Club House in relation to expressing herself.

### Case 13

Paul, age eleven, cerebral palsy, quadriplegia, wore braces at one time and his main difficulty was in blaancing. He had difficulty with his speech which was, at times, clearer than at other times. Paul was alert, friendly and happy, and had considerable incentive and drive and was anxious to do many things. He was able to understand reasoning and responded well. Before coming to club, Paul had had no other group experience except at school.

He was the first of two children, the second sibling being born a normal child. There was a good relationship between the father and son. He was patient with Paul and the boy seemed genuinely fond of his father.

Paul was referred to the Therapy group because his social experiences had been limited to his life at school and his activities with those children in his neighborhood that would take the time to play with him. With the mother working in the day time and the father at night, there was little opportunity for the family to have much wholesome social life together and it was felt by the parents that the program at the Club House would be beneficial to Paul.

At the Club, Paul found a friend in a small boy Tom, who is not as handicapped as he, but seemed to enjoy his companionship.

Paul was able to form satisfying relationships in the Club group because he was friendly and apparently happy. He was dependent upon adult support and showed infantile behavior by crying when he could not do what he wanted to do. On many occasions he used his crying as an attention seeking device. Paul had much difficulty with his balancing and would fall frequently. He used to want help getting up each time he fell but with a leader's help he was able to crawl to a chair and

pull himself up. Paul is growing to be more independent as he was seen refusing help from a leader and insisted on getting his own self up from the floor.

#### Case 14

Fay, age twelve was of Jewish faith, a cerebral palsy athetoid quadriplegia, was attractive and was able to stand for short periods but not able to walk because of her great fear of falling. It was felt by all that worked with Fay that she could have walked if her desire to walk had been strong enough. Fay had spent a great deal of time in Nursery School and in Hospital School before entering Oakman School for Crippled Children. While at Hospital School, Fay demanded as much attention from the adults as she could get. She boasted about the things she would or would not do. She would announce in the morning that she would or would not work that day. Although Fay's chief interest continued to be with the adults in the group she was slowly gaining a desire to be with other children.

Fay was the middle child in a family of two boys. She reported that her older brother fought her and took her toys when the father was not at home. The mother did not seem to have any control over the boy. She was very unstable and found it very hard to give Fay the kind of care she needed and the child was rejected by both parents.

Fay was referred because she needed outside social contacts.

At Club Fay spent a lot of time with Ann who acts in a motherly role toward her. She liked to help in the kitchen in preparing the food and particularly asked to wash the dishes so she could get the chance to play in the water after she finished the dishes. Fay continued to demand the attention of the adults in the group and became disturbed over loud noises, flash bulbs and smoke.

Fay was very dependent and demanding of adults in the group because of her rejection at home. Her dependence and demanding attitude suggested that Fay needed affection, acceptance and approval. The fears of falling, loud noises and bright lights are characteristics of the cerebral palsy child. Fay's fear

of falling, noises and flash bulbs may be closely connected with fear of the loss of the parents love. The assistant leaders in the group attempted to reassure Fay when flashes occurred and helped her to face reality.

### Case 15

Betty, age fourteen a cerebral birth palsy, pyramidal triplasia, also epilepsy, was a short little girl who would have been rather attractive were it not for her handicap. Both legs and her left arm were badly involved. She wore braces and a cock-up splint on the left hand. Betty also used one crutch. Betty was the oldest of three siblings, a sister who had rheumatic fever which left her with a heart condition and a brother only eight months old. Her only contact with groups had been at school and possibly in the immediate neighborhood. The mother indicated that Betty and the sister for the most part, played together.

Betty was referred because it was felt that the group would give her much needed outside contacts, would help her to feel she "belongs" to groups outside the family and would encourage independence.

At the Club House Betty was friendly with everyone but had no close friends. She chatted freely with Jill and Ann and even exchanged telephone numbers at one time with these two girls in an attempt to keep their friendship. She spent a lot of time in the kitchen helping with the cookies to be baked that day or playing the one game she knew well "Sorry". Betty was noted for her remark to those children who were extra noisy, "Shaddup".

Betty was a small girl for her age but interested in her physical appearance and the opposite sex. Because of her handicap she spent most of her time playing table games or just chatting with Jill or Ann. Betty was friendly and got along well with the other children in the group. Her need to feel that she "belonged" was great as she seldom missed a meeting.

## Case 16

Johnny, a tall slender boy who had been coming to club for a long time was a cerebral birth palsy, atetoid type and also had a hearing defect.

When he first started attending the Club, his mother would have to come and stay until club was over as Johnny would not let her leave him. He would burst into tears if she left him alone.

Before coming to club, Johnny had no other social contacts. His relationship with his mother was not good as she continued to force things upon him and scolded him for "drooling". The father was more considerate of Johnny and would take him along on hunting trips in the mountains. This Johnny loved as he could come back to club and try to explain what a good time he had. He had difficulty with speech and could not speak clearly.

He was referred because he needed the social contacts. At club, Johnny had no close attachment with any of the children. He stayed close to the assistant director, following on his heels and demanding attention. He liked baseball and spent most of his time playing with the assistant director and several other boys when the weather permitted.

Johnny had been able to come to club alone in the station wagon with the other children after gaining more confidence in himself.

Johnny, age twelve, had a severe loss of hearing and speech defect. He was very hostile because of parental rejection. Johnny had to learn to curb this hostility and was helped to release some of his aggression through strenuous play. He was slow in forming social relationships in the group because of his hearing loss but tried to make friends with the other children by being helpful in any way possible.

## Case 17

Billy, age thirteen, had a diagnosis of dorsum rotundum, or curvatur of the spine. There was some atrophy of both shoulders and his head and shoulder has a tendency to lean to the right, more noticeable when

Billy became disturbed. Billy is the middle child of two siblings (normally developed). He had an average I.Q. but did not like school. The teachers reported that Billy was a behavior problem in school and had difficulty with his sister who was in the same class. His father has a weak back, speech impediment and quick to temper outburst. The entire family seemed to be selfish in respect to the others. There was no discipline of the children and it was assumed that the parents knew no better, therefore the children followed the same pattern.

Billy was referred to the Club House because his caseworker felt that a club experience would assist greatly in conditioning his progress on a more permanent basis. Billy had spent a lot of time at Hospital School and since that time had not been away from his family and seldom was a "team" member of any children's group.

At the Club House, Billy considered himself a "casanova" with the girls. He chatted with them all and said kind comments about each one. Mary was interested in Billy but he choose Ann as his favorite companion. Billy was also helpful to the leaders in any way possible.

Billy was insecure in his relationships at home and at school because of the behavior problem. He had been ridiculed by other children as being "hunchback" and his retaliation had generally been physical violence. He came to realize that he could not take it and learned to avoid conflict with "Are you jealous" and words to that effect. Billy's reasons for fighting may have been in competition with his siblings for the parents' love and a way of showing the father that he was not handicapped. Billy was able to gain some status in the club through his interest in girls and his ability to get along with them.

Crippled children have the same drives for amusement, physical activities, achievement and satisfying social

relationships as children who are not handicapped,<sup>1</sup> they need to be given the opportunities to participate in activities which are beneficial for symmetrical development. Every thing needs to be included in the activities of a recreational program which will help convince the handicapped children that they can become a part of society and need not be excluded from the games of life.

In summary, the needs of the seventeen children may be grouped under the following three headings: 1) accepting relationships; 2) gratifying activities-therapeutically geared to needs; and 3) opportunity for contact with the wider social community.

Under accepting relationships, the following needs were apparent:

1. The need for self acceptance.
2. The need for social relationships with accepting peers to gain status and approval.
3. The need to talk about their disability and develop a value system.
4. Help in understanding rejection due to handicap or behavior because of disability.
5. The need to accept their role in relation to others in the family and in the community.

In relation to gratifying activities (therapeutically geared) these needs were seen:

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<sup>1</sup> R. C. Hood, "Crippled Children", Social Work Year Book (1935) p. 115.

1. To release aggression through a variety of activities.
2. To learn ways of accepting limits in games and reality situations.
3. Drama, arts and crafts for the child with withdrawn tendencies.
4. The need for discussion to encourage verbalization and further understanding of social situations.



## CHAPTER V

### PROGRAM ACTIVITIES

#### Selection of Activities

As a group comes into action, all the physical, psychological, and social needs of the adolescent and pre-adolescent are brought to focus. The selection and carrying out of program activities becomes paramount in program planning.

In the chapter the writer will, therefore, try to draw in-to focus the material of the previous chapters around the question of the group life as expressed in and through choice of program activities. Many program activities will of necessity not be included in the following text because many of the children chose the same activities. However, there were times the members did not enjoy every area of program to the same extent.

Each activity had peculiar qualities which appealed to certain individuals and which were important factors in the choice of program. But its values resulted from activities which, on the surface, seem to be very different. This is due in part to the ability of individuals and groups to choose activities to their needs.<sup>1</sup>

Wilson and Ryland point out that members in groups can reveal their personality patterns through the ways in which they

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<sup>1</sup>Gertrude Wilson and Gladys Ryland, op. cit., p. 153.

engage in activities -- which is often a way of asking for help. These authors felt that knowledge of the potentialities of program media make it possible for the social group worker to understand the needs of the members and to help them meet these needs through the program of the group.

Wilson and Ryland further clarify this point in the following statement.

Activities provide a chance to express friendliness and affection as well as indifference or open hostility toward others. Individuals gain acceptance from other members through their skill in activities or their willingness to cooperate with the group on special projects...<sup>1</sup>

Within groups in which some or all of the members are handicapped the activities should be kept within the realm of the possibility of successful accomplishment. It is the worker's responsibility to help the handicapped person, through selected use of activities, use of program content, and conscious use of self, to function to the best of his ability within the limitation of his handicap. The implication of this responsibility was that the worker needed to understand not only the physical facts about the handicap and its usual emotional components but also the particular meaning of the handicap to the particular individual being served.

The two areas of activities chosen more than any other included the physical and creative activities (see chart 1).

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<sup>1</sup>Ibid., p. 154.

CHART 1

Name	Physical Activities				Creative Activities				Cooking	Others			
	Wrestling	Pool	Boxing	Punching Bag	Paper Crafts	Playwriting	Discussion	Puppets	Woodwork	Music	Preparation	Card Games	Magic Tricks
Jerry		X											
Tim									X				
Jill							X						
Paul		X											X
Ted													X
Ann											X		
Jim								X					
Ned								X					
Tom		X											
Mary												X	
Pete						X							
Jean					X								
Sue	X												
Fay											X		
Betty											X		
Johnny				X									
Billy										X			

Jerry, Paul, Tom, Sue and Johnny chose the physical activities while Tim, Jill, Jim, Ned, Pete, Jean and Billy selected the creative ones. For the most part, Ann, Fay and Betty chose cooking, while Ted chose magic tricks and Mary, the card game "Sorry".

Jerry, Paul and Tom preferred pool to any other activities and played at the pool table every available opportunity. Sue played pool only with Jerry but would box with Ned. Johnny needed an outlet for his aggression and almost always used the punching bag. Jill preferred discussion and spent considerable time chatting with a leader or with Pete and Ted.

Tim loved pool but was not satisfied to play with the smaller boys who could not use the cue sticks. Tim chose woodwork instead when the pool table was in use.

Jim and Ned, two of the smaller boys in the group, chose no specific activity but both showed an interest in playing with puppets.

Pete, a more severely handicapped boy chose play-writing because of his inability to participate in the more physical activities. Jean preferred doing paper crafts and would make some item each week before leaving the Club rooms. Billy, the least handicapped in the group, was particular fond of music and spent most of his time playing his accordion that he brought along each week to entertain the group.

Dr. George E. Gardner<sup>1</sup> points out that one of the tasks in the development and maintenance of mental health in children and adults is the establishment of an inner control of aggression. Many children used their activity for the expression of basic emotional needs. Arthur Timme<sup>2</sup> states that "the core of self-preservative behavior is aggression against other individuals and the outer world." He seemed to think that a lot of this aggression can be diverted into the less aggressive behavior of sports and games; and that games provide a safety outlet for unutilized aggression.

#### Inherent Values of Activities

Throughout the centuries play has been universal, even though there have been times when it was frowned upon and prohibited. Many philosophers, psychologists, educational and recreational leaders have considered play so important that numerous theories have been advanced for the motivation of play. These theories carry such names as "physiological growth," "Social needs," "self-expression," "recreation," and others.<sup>3</sup>

Wilson and Ryland point out that play is considered common

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<sup>1</sup>George E. Gardner, "Mental Health Problems of Normal Individuals," Texas Trends, Vol. 4 (1947), no. 4, p. 8.

<sup>2</sup>Arthur Timme, "The Significance of Play and Recreation in Civilized Life," Mental Hygiene, Vol. 18 (1934), no. 1, pp. 51-57.

<sup>3</sup>Ibid., p. 57.

to all age groups; that the particular activities chosen by an individual are related both to his needs and to the people with whom he is in contact at a given time, and that the personality and the group relationships of each individual influence the selection of program content.

Physical Activities.-- At the Club House, "pool" was an activity which provided an outlet for aggression for many of the members. This game also served as a means of gaining mastery or control as well as of finding outlets for fun and humor. Mastery or control, as a value of play, had several facets. A very important one was that of gaining control of the functions of materials and of situations.

For the severely handicapped child, "pool" helped to develop good eye-hand coordination, helped the child to learn skill in aiming and hitting while at the same time the idea of getting the balls into a pocket would limit and control some of the child's anxiety and aggression. Pool was a good group activity for the shy, withdrawn child as it provided the opportunity to compete with others, to exert energy in a socially acceptable way and particularly helps the shy, withdrawn child to learn to mix freely with others.

An example of aggressive behavior as exhibited by Jerry suggested a need for an opportunity at the game pool where he could "let off steam" by knocking something around. Jerry's attempts at the pool table, might have been an indication that he needed to master or control some situation because of

his restricting disability. Pool had therapeutic value for Jerry because it gave him the opportunity to freely act out his aggression by knocking something around.

Pool has certain rules which must be obeyed. The principle value derived from rules and procedures was related to the emotional-social development of the members. These included 1) taking turns; 2) accepting the boundary limits; 3) accepting eliminations; and 4) playing fair and observing rules. Some children were not able to adhere to the rules of pool and the worker had to simplify the rules as in the case of Paul and Tom. An excerpt from a record reveals:

At club, Tom and Paul who were close pals played together at the activity they found most enjoyable. Both boys liked pool but because they could not use the cue sticks, they were permitted to roll the cue ball with their hands. Tom could play fairly well with a stick if he used the large end but was satisfied to roll the ball since his pal Paul had difficulty because of his handicap.

For Paul, pool provided an outlet for fun and humor which are important aspects of play. A chance for a good laugh is vital to normal development, for emotional energy is thereby discharged and emotional balance restored.<sup>1</sup> The fun and laughter Paul derived from the pool game helped him to gain physical and emotional security.

Pool had many values for Tom also, and playing the game meant everything to him. He was provided the opportunity to

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<sup>1</sup>Gertrude Wilson and Gladys Ryland, op. cit., p. 204.

make friends with other males and to be accepted by them. The importance of play in learning how to get along with and to be liked by others merits special consideration. Through their play, children learn that they have to change some of their patterns in order to be accepted by others and to enjoy the game. The child learns that at times he must follow instead of lead and that he cannot always dominate by force. The expression of friendliness is apparent in much of the play of children, and a spirit of cooperation grows out of the common need to accomplish a desired end. The contact with other males was a therapeutic factor in the treatment of Tom.

The more physical activities seemed to be of value to Sue in that she was given the opportunity to act out or give vent to her aggressive tendencies. Sue dressed in boys apparel and acted the "tom-boy" role -- a form of releasing energy and hostility and an unconscious desire to be a boy.

Sue, age eleven, was an attractive little girl who chose wrestling and boxing as her favorite activities. She was confined to a wheelchair but this did not prevent her participation in the more physical activities. Sue and Jerry played together for the most part either boxing, wrestling or shooting pool. Sue was delighted when she could teach others to play the game.

Boxing and the punching bag are games which call for aggressive tactics. They were the favorite indoor games for Johnny, age eleven, who was always scolded by a dominating mother because he had a tendency to "drool".

Johnny was full of aggression today, greeting Dan, the assistant leader with a punch in the stomach which really hurt and Dan told him so. Dan spent a good



while boxing with Johnny who would lie on the mat indefinitely, seeming to be hurt, but as soon as someone goes to help him he lets loose with a glove, taking unfair advantage of his opponent. Johnny is big and strong, and the staff felt that he need to realize this, to reassure himself and also to control it and not hurt people.

At the Club House Johnny spent many hours at the punching bag. He still punches people, but they know it means, "I like you and I'm glad you are here." The use of the punching bag and gloves had therapeutic value to Johnny because they provided him the opportunity to give vent to his aggression by knocking something around.

Commercial Tricks.-- The element of trickery was interesting to Ted, age fifteen, who was severely handicapped and who spent all of his time sitting in one spot for the entire afternoon. Ted would always bring along to club a card trick or novelty toy in an attempt to gain some status and recognition from the other members. An abstract from a group record reveals:

Ted seemed in excellent spirits today. He had a satisfying experience with a couple of tricks he brought with him -- gifts he received for Christmas. He mystified Kate and me, showing us how he made things disappear. Kate made a very good audience for him, as she "oh'ed" and "ah'ed" at the right time. Even better than the disappearing act was a fake package of gum trick. He offered everyone in the Club House a stick of gum, the gum having a spring on it which snapped back when it was pulled out of the package. Everyone co-operated with Ted on this trick, pulling out the stick of gum and exclaiming loudly when the spring snapped their finger. The other boys crowded around to watch how it was done. This was the first time that Ted had been the center of attention with the boys, and he just beamed all over.

Although Ted had been a member of the group since its beginning, he was still being left out of things because he

lacked the drive that was necessary to enable him to be more active. The commercial toy tricks that Ted brought to the club had value for him because they provided him the opportunity to gain status in the group.

Many children who are unloved and rejected often find ways of covering up their feelings and desires, either by becoming aggressive or by withdrawing.

Tim, a boy of twelve, received little recognition at home since his accident which involved the amputation of both legs. Tim was rejected by his parents and siblings and when he first came to the Club House he shied away from the other children and would not even talk with them. A leader was assigned to help Tim make his first step in learning to relate with the other children in games and to join the group at refreshment time. Tim had good use of his hands and arms and soon became interested in woodwork. The leader was able to help Tim with some book-ends which he gave to his mother. After making the first step with the help of the leader, Tim was able to reach out to the other members of the group and be more in the helping role than he could before.

Working with wood was a valuable experience for Tim because of the enjoyment he derived from being able to make a set of book-ends from its rigid and definite form. Tim was able to present this product that he had made himself to his mother which helped to strengthen his ego and gave him a sense of achievement.

Conversation and Discussion.-- The leaders provided Jill the opportunity to talk about boy-girl relationships and sometimes the entire afternoon was spent just chatting. Conversation was valuable to Jill because of the opportunity it gave her to share her experiences with the other girls in the group

who did not go to parties outside the Club House. Jill had relatively good verbal development and was very alert. Conversation promotes intellectual growth and gave Jill an opportunity for social development.

Jill came to the Club House often but did not participate at length in any particular activity. She delighted in talking about the boys she met at various parties she attended and what a good time she had with the children present. Jill usually began her conversation with a leader but included others in the conversation as she told of her experiences.

Puppets and Creative Playwriting.-- Jim was a very aggressive boy in the club rooms and selected no particular activity. He "flitted" about the rooms, heckling and interrupting conversations and children at play. Jim was overheard asking for something to do at one club meeting. He was very vocal and had a short interest span. Jim seemed to live in a world of fantasy.

Jim came into the crafts room asking for something to do. Dana, an assistant leader, encouraged Jim to play with some puppets they found in the cabinet. Dana reported that Jim worked out an interesting story about a heroine, a villain and a handsome hero who rescued the heroine. Jim with two different puppets, played the part of both hero and villain, while Dana played the part of the heroine.

Another small boy who was very aggressive was Ned. He also spent considerable time running around the rooms, yelling, striking out and heckling. Ned was able to release some of his feelings through playing with puppets also.

Ned asked the worker if he could put on a puppet show one day at the refreshment hour. The worker said that he could and asked if he needed help in working out the parts. Ned said he knew what he

wanted to say and that the worker could help him with the scenery and stage. The day of the show, Ned came up the stairs and told Marian that he could not give the show because he had forgotten the parts. Just before time for the show to begin, Ned said that he remembered his parts and wanted to go on with the show. Ned presented the play and did all the talking himself. The characters in the puppet show were called "Mr. and Mrs. Simmons and Jack". Jack was the son of Mr. and Mrs. Simmons who had been sent on an errand and somehow had gotten lost. The parents went out to look for the boy because they were worried about him. In the end, the little boy was spanked for causing the parents to worry.

Playing with puppets had therapeutic value for Ned because it gave him the opportunity to express freely his aggressive tendencies and to make the puppets say things which he did not dare to say or do in his own right. The fantasy of both Jim and Ned had value to each in that an opportunity was provided for the children to act out feelings that had been repressed; to escape from their crippling diseases and to identify with the imaginary people in their fantasies.

Dramatic play has many values to the child who is able to play out his ideas and fantasies about the experiences he is undergoing.

Pete, a severely handicapped boy of thirteen, had been a member of this group since its beginning. Because of his disability, Pete was unable to participate in the physical activities but did enjoy reading and acting out plays. Pete was full of ideas and was usually the instigator of puppet shows and plays for the group to act out. Although he has difficulty with his speech, Pete is verbal and will participate in an activity as long as he is able.

This form of activity which Pete selected, had many values for him. He was provided the opportunity for further development in more elaborate forms of dramatics and his special

interest and abilities were pointed up in the area of play-writing.

Card Games.-- Although many of the children in the group expressed resentment toward Mary, she still had a measure of security in her feeling and realizing that she "belonged to the group", and that she had the support of a leader as she played the card game "Sorry". The companionship and support given Mary by the leader was of value to her because she lacked the acceptance, approval and affection from an adult figure as well as from her peers.

Mary, age fourteen, had been a member of the club group for almost two years but had formed no close attachments to any particular child. She was thrown into the card game "Sorry" and has made no further efforts to move into other areas of activity. Mary was a dull child who was rejected by her mother and many of the children in the club group. She was particularly fond of Billy and there was quite a bit of rivalry between Ann and Mary on this account. Although Mary was not interested in the "Sorry" game, she never refused to play when asked by the leader. Mary had formed a good relationship with the leader assigned to her and was able to express some of her ambivalent feelings about her family and handicap.

Arts and Crafts.-- Many special values for children are in the arts and crafts.

Jean, age eleven, despite her shaky Cerebral Palsy condition, always made something in paper crafts before leaving the Club House. She choose such colors as purple, red and orange, no matter what craft she was doing. Jean had to be accurate in her measurements and in cutting. She made beautiful designs and was determined to get each piece of paper the correct size and shape according to her desires.

Jean had a speech defect and hearing loss which made it difficult for her to participate in many activities with other

children, if she is not wearing her hearing aid. This activity had value to Jean because it was one of the ways she used in expressing her feelings for others in the group. On many occasions Jean has made a paper heart and presented it to a leader or another child in the group. The activity had therapeutic value for Jean in that it was encouraged that she learn to make her hands do certain things so that she gradually gains self-confidence and a sense of achievement.

Cooking.-- Although Fay's hand coordination was poor, she was able to do many little things in the kitchen toward preparation of the food for the refreshment period. An abstract from a group record reveals:

Cooking and washing dishes were Fay's favorite activities. She also liked to sing and did so quite often. The children were all grouped around for refreshments. Fay and her leader had worked alone on the cupcakes and Fay had had a wonderful time. When I walked into the kitchen to help carry the food down for serving, Fay was singing. She has often sang little songs with the leader when they were using the egg beater, but today she was just singing for pure good spirit.

In many instances, cooking at the Club House afforded the child with their first chance at such a project.

Betty also chose cooking as her favorite activity. At club she delighted in doing the mixing. She only had the use of one good hand but was able to stir the ingredients with the help of another child who had two good hands or if the leader assisted in holding the bowl for her.

Cooking in the group provides for the division of responsibilities and for co-operative effort. Not only do the members learn the importance of proportions but they discover the

wide variety of things that can be made from the same ingredients. For the handicapped child, many other learnings are also possible. Many have never had the opportunities to help their mothers in the kitchen because of poor coordination in their hands, or because the mother does not have the time or patience. The child learns to work with others who might work at the same speed and thus feel less threatened. There is also the added joy of doing for others and receiving compliments for successful experiences and trials.

Ann only selected cooking when Billy was not at Club. She spent a lot of time chatting with him and listening as he played his accordian. In the kitchen, Ann was helpful and delighted that she could bake cookies. Although her hands were a little shaky, she could hold onto the bowl and mix the ingredients without too much help from a leader.

Ann learned to bake at the Club House and delights in telling everyone that she can bake "better than" her own mother. Ann derived satisfaction from the praise given over the cookies at lunch time. Cooking had therapeutic value for these three girls because of the satisfaction they derived from the mixing and shaping up of the cakes and cookies. Ann's feelings about her mother also had therapeutic value for her because she was given a feeling of security and a sense of achievement.

Music.-- An opportunity to play an instrument was not usually offered in the program of social club groups, but Billy would bring his accordian to club meetings to entertain. He was able to be the center of attention especially with the girls in the group and this made him feel important.



Billy, age thirteen, brought his accordian to club today because he was on the Christmas program being given by the group. He came early and was at club before the doors were open because he wanted to practice before the others came. Billy was proud of his instrument and displayed it for all to see.

Billy gained status in the group when he began to play his accordian. His instrument was valuable to him in that it put him before the group and made him the center of attention.

Except for discussion, the majority of the activities selected by the children were physically, socially or mentally gratifying to the individual child. According to the chart, the physical and creative activities were the two areas of activities chosen more than any other. Cooking, card games and magic tricks were the least chosen activities.

As have been pointed out in the chapter, these activities helped to release aggression, hostility; to provide fun and humor; an opportunity to learn skill and mastery with materials or methods and for a maximum satisfaction of basic emotional needs.

#### Parental Reactions to Club

Evaluation of program cannot be judged totally from the few contacts that were had with the child at the Club House each week. Frequently, the parents are able to give some idea as to the value of program activities to the child because he spent the greater portion of his time in the home and talked more about his club experiences to his parents and siblings. In evaluating program activities, the writer questioned the



parents as to their interest in the club and how they felt about their child attending the therapy group.

Attendance.-- All of the mothers, except one, reported that they liked their children to attend the club as it was in many instances their only social contact which provided them with the opportunity to express themselves with other handicapped children and not feel left out of things. Since many of the families could not afford to take the child to special entertainment provided for them, the Club House was considered a "God-send".

Only four of these mothers said that they were glad their children attended club so that they could get one more day's rest. The majority of the mothers stated that the child was up early on club day and ready when the driver arrived to pick them up. One mother stated that her son was up before anyone in the home, and sits on the curb to wait for the driver to pick him up. This indicates that the children looked forward to club day with much anxiety and that coming meant "everything" to them.

Benefits.-- The parents felt that their children were being helped in many ways by attending club. Following are some of the responses to this question:

Club provided my child with the opportunity to play with children his own age and with similar handicaps.

To be able to relax with their own kind and not be threatened with competition.

Gives the child added interest and something pleasant to look forward to.

To get along with other people, to learn to live together with others.

Helped my child get into the School for the Handicapped.

My child has been helped to develop mentally, physically and has more confidence in self.

Will leave the house alone now, while when he first started, I had difficulty in convincing him that nothing unpleasant would happen to him.

One mother stated that her child had learned many new things since attending the Club House. He had learned how to play with other children without getting into fights, had learned to play pool and to be a better sport. Another mother stated that her child had learned to use his hands and mind and that the activities he participated in helped him in his balancing.

All of the mothers except one felt that the activities at the Club helped to carry out the work of the Clinic. Some of the responses to this question were:

The Club House and the Clinic works together as a team. The doctors at the clinic tell the social workers what the children should or should not do and at the club the child is encouraged to carry out the doctors orders.

If the Clinic says the child must wear his braces to club on Saturday's, the child is not picked up unless his is wearing his braces.

The Club House and the Clinic were responsible for my child getting into the School for the Handicapped.

The activities at the Club has helped my child by inducing increased muscular effort, and helps him to adjust socially with others.

The Club helps to carry out the suggestions of the Clinic as they continue to help children with their individual needs and help them to accept their limitations.

The writer found that out of the seventeen children studied, only four participated to a limited extent in playground activities outside the Club. Ten did not participate in any activities and two attended church on Sundays as their only outside contact. Fifteen of the children attended special schools for the handicapped, one attended regular school and one was not in school. Not one of the seventeen children studied belonged to other groups outside the Club House.

The outstanding things being said by the parents were that the Club House and its therapeutic objectives in work with the crippled child, affords many of the children with their only outside contacts with the wider social community. The majority of the parents liked their children to attend the Club House as it provided them with the opportunity to play and express themselves with other handicapped children and not feel left out of things.

Children's Reactions.-- It was found that the child gave many varied reasons for wanting to attend Club. Some of these reasons were:

- To see their friends and play games
- To get a chance to go on trips and play with children they can keep up with
- To get out on Saturday like the other children in the neighborhood
- To have fun
- To cook
- To play pool with their friends
- To see the leaders

The child looks forward to attending Club and makes plans during the week. One child marks the calendar and counts the

days. Another plans what he will do from week to week before coming. The rest of the children are up early and waiting for the station wagon to pick them up.

The mothers reported that their children spoke of many activities that they enjoyed at the Club House. Their selection included: Games, cooking, plays, concerts, trips, singing, puppets, ping-pong, pool, boxing, listening to records, checkers, boat building, movies, crafts and dancing.

It was found that twelve of the children spoke of the activities as soon as they reached home, four spoke of them later in the week, and one was not contacted.

The child's reaction to his attendance at club was evident by their wanting to come, their readiness on Saturday and the activities they talked about at home. The immediate satisfaction that the child experienced stemmed from the realization that he "belonged to a club", and that the members of the group recognized that the "club" was a special one, insofar as it was composed of children who were all handicapped.

#### Caseworkers Reactions to Child's Group Experience

Because the children studies were all patients at the Clinic, the writer felt the children's social workers could help in evaluating the program activities and in pointing out how the child benefited from the group experience.

Benefits.-- All of the caseworkers felt that the children at the Club House were benefiting from the group experiences.

The responses to this question were:

The child benefits from the group experience because he seems happier now than when first seen in the clinic.

There has been remarkable change in the patient's behavior since he started at club. He has learned to give and take in a group with boys and girls his own age.

Sue is definitely getting something from her club experience as she is now able to share her experiences with her siblings.

Jean was not able to play with other children before her experiences at the Club House. She has learned to relate to the children at the club and is apparently much happier at home and at club.

The patient must benefit from the group experience as the mother reports that she speaks of nothing else. The child will soon be placed in an institution but has informed her mother that she will not go unless she is certain that she will be permitted to come home each week to go to club.

Fay is very unhappy if she has to miss club. It means the world and all to her.

Jim lives for Saturday to come. The Club House is the one place where he is accepted and where he feels he "belongs".

Club means every thing to my patients. I feel that they are benefiting from their experiences as I have noticed a change in attitudes about their treatment. Several are more confident in themselves and have begun to reach out to others.

The mother of this patient reported that she had to change the child's religious lessons to another day as the child refused to miss club on Saturday.

Since Johnny has been coming to Club, he has learned to play with other children, to give and take, and is more considerate of others.

Many of the caseworkers could not answer the question - Are there evidences that the activities the child participates in

help or hinder in treatment, but several stated that they felt that since the club group was organized for the purpose of meeting the needs of the children, the activities helped if they met the child's needs and hindered if his needs were not being met.

Two of the caseworkers cited specifics in some cases:

The activities that Sue participates in helps keep up her morale as the orthopaedic surgeons feel that there is little hope that she will learn to walk again.

Jerry could participate in more of the activities if he wore his braces.

To be able to participate in all the activities makes the wearing of a brace more acceptable to Billy. His family is more accepting now that Billy participates in many of the activities with his siblings.

Ann's desire to walk has become greater. As she observes the progress of the other children around her she talks of wanting to learn to walk also. Her recent desire to walk will definitely help with further treatment.

The social caseworkers at the Detroit Orthopaedic Clinic felt that the patients that they had referred to the Recreation and Group Therapy Department were making adequate social adjustments in the group as evidence by change in personality make-up, attitudes about treatment, and the ability to give and take in a group situation.

## CHAPTER VI

### SUMMARY AND CONCLUSIONS

In the field of social work, the social group work profession has come to realize that many emotionally disturbed children can now be helped to make an adequate social adjustment while still in medical treatment.

Since today it is accepted that the cripple should not be destroyed, as it is said the Spartans did, but given every opportunity for happiness, the preparation of the handicapped child for life's work calls for the enlistment of all agencies working in his behalf. Since the social group work method is being used by specialists in therapy groups, the writer became interested in the value of program activities to the handicapped child in this setting.

The writer made her study at the Detroit Orthopaedic Clinic in the Recreation and Group Therapy Department where she became aware of the significance of program content and the inherent values it had upon members in the group. Because few studies had been made on casework-groupwork services for children exhibiting a need for social adjustment, the writer felt that such a study would be of help to other social agencies concerned with treatment of the "whole" child.

The Detroit Orthopaedic Clinic in its efforts to treat the whole child, rendered services to children, adolescents, and young adults with orthopaedic conditions, whose parents were

unable to meet the expense of treatment. The three units associated with the Clinic were, The Treatment Nursery School, Sigma Gamma Hospital School, and the Recreation and Group Therapy Department, which was referred to as the Club House.

The writer approached the subject of program content values with the crippled child, in view of what value program activities may have had on the child in a therapy group, community and agency factors, the use of group therapy and group work and the treatment needs of the individual members in the group. The writer also studies responses of seventeen parents and six social caseworkers on schedules as to their reactions to the Club House program and to the child's group experiences.

Specific facts and conclusions reached included the following:

1. In Group Therapy a permissive environment is created for the child in order to counteract the inhibitive and restraining pressures in the child's past experiences. Group therapy at Detroit Orthopaedic Clinic was similar to the theory as stated by S. R. Slavson in relation to a) meeting the needs of the patients; b) helping the child to make a satisfactory adjustment; and c) use of activities as a medium to express some of their emotional disturbances. The clarification by the Committee on Group Work in Special Settings of the American Association of Group Workers that there was no difference between the group worker in general settings and the group worker in a psychiatric or therapeutic group setting in terms of



understanding dynamics of individuals or groups.

The Recreation and Group Therapy Department at the Detroit Orthopaedic Clinic was one of the first recreational programs in Detroit for the physically handicapped, including group therapy.

2. That these seventeen pre-adolescent and adolescent children had many crippling diseases and needs. It was found that there were a largernumber of these children with Cerebral Palsy than with Poliomyelitis and other miscellaneous handicaps. The specific needs of the seventeen male and female pre-adolescents and adolescents were found to be in three areas.

- a) The need for accepting relationships which included self acceptance, acceptance of peer group in order to gain status, understanding rejection due to handicap or behavior, and acceptance of their own role in relation to others in the family and in the community.
- b) The need for gratifying activities - therapeutically geared, helped the children to release aggression and hostility, learn ways of accepting limits in games, to overcome withdrawn tendencies through participation in arts and crafts and cooking, and to encourage verbalization with adults.
- c) The need for social contact with the wider community included trips to parks and beaches, concerts and plays.

3. Program activities planned and those selected by the children to meet the above needs were in the following areas: physical activities which included, pool, wrestling, boxing and punching bag; creative activities included crafts, novelty tricks, cooking, woodwork and playwriting; social activities included games, and mental activities including card games, guessing games, discussion and conversation.

4. The parental reactions indicated the following:

- a) The Club House provided the child the opportunity to play with children his own age and with similar handicaps, and was for the most part, their only social contact with the wider community.
- b) That by attending the Club the child was helped to form satisfactory relationships with adults and with his peer group, and also learned to give and take in a group situation.
- c) The teamwork between the Club House and the Clinic provided a satisfactory adjustment for the child who needed a protected group experience.

5. The children's reactions were these:

- a) Their wanting to come
- b) Their readiness on Saturday mornings
- c) The activities they talked about at home and at club

The immediate satisfaction that the child experienced stemmed from the realization that he "belonged to a club,"

and that the members of the group were all handicapped.

6. The social caseworkers reactions were:

- a) The patients benefited from the Club group experience as evidenced by their change in attitudes toward treatment, personality make-up, added interest in the club and the ability to give and take in the group situation.
- b) Few caseworkers were able to cite specifics where the child had been helped at the Club House because most of the contacts were made with the children's parents.

The seventeen children studied were able to express in some way, the value they gained from their group experiences at the Club House. Personal satisfactions were in terms of enjoyment, growth, status gained and skill and mastery over specific activities.

In conclusion, the social group worker, in light of the objectives of the Recreation and Group Therapy Department utilized program content with the handicapped child in club groups to help them derive more satisfactions from their group experience and in facilitating relationships with peers and adults.

## **APPENDIX**

## SCHEDULE

(To caseworker)

1. Name of patient \_\_\_\_\_ 2. Sex \_\_\_\_\_ 3. Age \_\_\_\_\_

4. Do you feel that this patient benefits from his group experience?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what ways?

If no, why?

5. Does the patient discuss his Club experiences with you? Yes \_\_\_\_\_  
No \_\_\_\_\_ What activities does the patient talk of most?

Which of you initiates the discussion?

6. Are there evidences that the activities the patient participates in  
at Club might help in treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Help in what ways?

Hinder in what ways?

## SCHEDULE

(To Parents)

Date \_\_\_\_\_

1. Name \_\_\_\_\_ 2. Address \_\_\_\_\_

3. How do you feel about your child attending Club?

4. What are the child's reactions?

Anxious \_\_\_\_\_ Willing \_\_\_\_\_ Not Eager \_\_\_\_\_ Indifferent \_\_\_\_\_

5. Do you feel that your child is being helped in any way by attending Club? Yes \_\_\_\_\_ No \_\_\_\_\_ Is the child being affected? If yes, in what ways?

If no, why?

6. What new things have been learned by the child since attending Club?

Reactions:

7. What are reasons given by the child for wanting to attend?

8. Is attending Club something the child looks forward to from one week to another? Yes \_\_\_\_\_ No \_\_\_\_\_ What plans are made?

By whom?

9. What activities does the child speak most of?

Does he speak of these activities: after meeting \_\_\_\_\_ every now and then \_\_\_\_\_ continuously \_\_\_\_\_ never \_\_\_\_\_

10. Does the child ever speak of having enjoyed certain activities at Club?

What things does he enjoy most?

What things does he dislike?

11. Do you feel that the Club activities help to carry out the work and suggestions of the Clinic? Yes \_\_\_\_\_ No \_\_\_\_\_

How?

12. What has he learned at Club that helps in school?

13. Does the child participate in other playground activities outside of the Club? Yes \_\_\_\_\_ No \_\_\_\_\_

Type

14. To what other groups does the child belong?

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